

# **Delivering crisis support: learning and evidence from Help through Crisis**

**Emilie Smeaton**

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## **1. Introduction**

Help through Crisis (HtC) was a five-year £33 million programme funded by The National Lottery Community Fund that ended in July 2021. The programme brought together 69 local partnerships across England to support people experiencing crisis. The HtC programme was supported by a learning, evaluation and support (LSE) contract to capture learning and evidence from the programme and work closely with grant holders to support with programme delivery.

This paper presents learning and evidence from HtC about delivering crisis support with the aim of summarising key learning and evidence, alongside signposting to more detailed information.

To provide context, this introductory section presents: what is meant by crisis; further details about the HtC programme; and information about the work of the LSE team.

### **1.1 Crisis**

In their 2018 [literature review addressing how organisations tackle crisis](#), the HtC LSE team note that there are two dominant views, not mutually exclusive, outlining that hardship crisis is a result of:

- I. personal factors that require tackling at the individual crisis: for example, substance misuse that leads to a recurrence of hardship.
- II. systematic problems; that is structural factors that create the conditions for hardship to flourish. This includes welfare cuts and social inequality.

Common to the range of definitions of crisis is that an individual is overwhelmed and all previously applied coping strategies have failed. To add to this:

The event which triggers a crisis may include both major and traumatic ones; and events which are apparently minor. In the latter case, it can be ... that the person's coping ability has been decreased over a period of time, or there are certain factors affecting a person which increases their vulnerability to crisis.

[\(HtC LSE team 2018; 9\)](#)

Some crisis support can be provided immediately while other forms of crisis support take place over the longer-term. However, this all forms part of resolving an 'immediate crisis'. Key for organisations providing crisis support is to ensure they have the local knowledge and networks to navigate complex systems and ensure people have access to the support they require.

## 1.2 The HtC programme

HtC partnerships addressed a diverse and wide range of circumstances (for example, poverty, poor physical and/or mental health, eviction, homelessness, debt, domestic abuse, and unemployment). They provided services to meet the needs of over 220,000 people experiencing crisis. Partnerships provided advice, advocacy and support to match people's needs and tackle underlying causes of crisis, enabling people to move out of crisis by drawing upon their experiences, skills and strengths.

The programme had three outcomes, all of which had to be met by HtC partnerships:

- I. People who have experienced hardship crisis are better able to improve their circumstances and plan for the future.
- II. Organisations are better able to support people to effectively tackle hardship through sharing learning and evidence.
- III. Those experiencing, or who are at high risk of experiencing, hardship crisis have a stronger, more collective voice, to better shape a response to their issues.

For the programme to achieve its full potential and put people in the lead in improving their lives and communities, local partnerships also needed to adopt the following principles:

- Ensure those that have experienced hardship crisis themselves are fully engaged in the design and delivery of services and are actively encouraged to help shape solutions in order to influence change.
- Commit to supporting those who have experienced, or risk experiencing, hardship crisis to have a stronger, more collective voice to better shape a response to their issues.
- Be led by, or involve, smaller scale grassroots community organisations that reach out to those who may not easily engage with mainstream services.
- Demonstrate effective collaborative working to ensure holistic support including strong links with statutory and other support services.
- Commit to capturing learning about what works to tackle hardship crisis and the impact of the services to enable projects to share and respond to changing circumstances and environment.

### 1.3 The HtC LSE team

The LSE team were formed of Ipsos MORI (the lead contractor), Revolving Doors Agency and Hopkins Van Mill. NEF Consulting were part of the team until 2020. The role of the LSE team was to help the 69 partnerships involved in the programme by:

- supporting partnerships to evaluate and measure their impact;
- identifying good practice and disseminating learning to build an evidence base to enable partnerships to replicate or scale up approaches; and
- capture learning and evidence about what works in tackling hardship crisis.

### 1.4 Structure of the remainder of the paper

The remainder of the paper includes content addressing the following: service delivery; partnership working; involving beneficiaries; trauma-informed approaches; supporting staff ensuring their wellbeing; impact of crisis support; sustainability and legacy of HtC; and links to further information about HtC.

## 2. Service delivery

This section outlines key principles underpinning effective service delivery for tackling crisis and the approach taken to reaching people experiencing crisis.

### 2.1 Key principles underpinning effective service delivery for tackling crisis

Working alongside HtC partnerships, the LSE team (2021) developed a set of [five key principles for delivering effective support for people in crisis](#). These are

- I. **Offer meaningful person-centred crisis support**, including taking a strengths-based approach and giving people who use services a voice in service design and delivery.
- II. **Provide and develop long-term support** in recognition that it is not realistic to expect immediate results with people experiencing crisis. It is important to establish connections with other support organisations and develop and test different approaches to service delivery.
- III. **Embed a flexible approach** to delivering services in recognition that a person's needs change over time. Work with partners to respond to national and local changes that affect local crisis support needs.
- IV. **Create and maintain a strong network of partners** that can offer complementary services and support referrals between services.
- V. **Ensure frontline staff have the right skills, expertise and attributes.** [Implement wellbeing policies and practice](#) to avoid burnout, involve volunteers to increase capacity and holistic support, and consider how [people with lived experience can be supported to become volunteers](#).

## 2.2 Reaching people facing crisis

The LSE team found that due to high demand for support provided by crisis services there can be little time for outreach work. Coupled with the complex nature of people's needs, the levels of demand for services can mean that it is difficult for crisis support projects to both assess how referral processes are working and if they are reaching the intended people. Rather than thinking about those who are 'hard to reach', crisis support projects could consider who is 'easy to ignore'. In addition, strong local knowledge and good monitoring systems will help provide evidence of who is accessing services and who may be missing out. Adapting referral criteria and process may also be necessary to ensure those who require support receive it.

The LSE team's 2019 [Learning paper: emerging findings](#) outlines three approaches that have worked well to engage people facing crisis:

- I. **Word of mouth:** particularly effective to engage people from communities who do not usually access services due to an increased likelihood of trusting recommendations from people known to them.
- II. **Referrals from GP surgeries:** people often need to use health services even if they do not access other public services.
- III. **Travelling to people:** this includes targeting specific groups of people who may be less likely to engage with services. This could be through co-locating with other services and visiting local schools and colleges to reach out to children and young people.

Drawing upon the good networks established by HtC partnerships, referrals often came through other local organisations and statutory services. While these connections are vital for ensuring people get the support they need, managing the referral process could be challenging. The high demand for services means that people did not always meet the full criteria for a project (for example, area of residence, crisis situation, demographic criteria including age and / or gender) even where there was a clear need for support. Projects have different approaches for assessing this. Some manage demand and risk by prioritising certain people they think their support will be most likely to help. Others operated on a 'first come, first served' basis in relation to longer-term support, while prioritising emergency situations.

HtC partnerships provided holistic support through a range of delivery models including:

- I. **Targeted services** that provided support to people with specific characteristics or needs, or from specific communities. These services tended to have a clear eligibility criteria.
- II. **Community centres** involving more than one service co-locating in one place. This created a sense of community and supported people to develop social relationships.
- III. **Drop-in centres** where people do not need an appointment to seek support.

### 3. Partnership working

Partnership working was key to the HtC programme. Underpinning the programme was a commitment to involve smaller scale grassroots community organisations that reach out to people that more mainstream found harder to engage with. The HtC application process required partnerships to demonstrate how they would work with others to provide person-centred crisis support.

There were three broad types of relationships involved in HtC partnerships:

- I. **Lead partners** who were the grant holders for HtC partnerships with overall responsibility for project delivery and reporting back to The Fund.
- II. **Core partners** who were funded through the HtC programme. They had a key or strategic role in delivery, usually reporting directly to the lead partner and likely to have little or no engagement with The Fund.
- III. **Wider (or 'extended') partners** with no direct financial relationship with HtC partnerships. Their involvement could be informal or formal, with very different levels of knowledge about the HtC programme.

In their 2021 learning paper [Effective Partnership Working During Help through Crisis \(And Beyond\)](#), the LSE team acknowledged that there was no single approach to partnership working but that there were three overarching 'key ingredients' to successful partnership working with core and wider partners:

- I. **Co-operation** to work together **collaboratively**. **Shared decision-making and mutual co-operation** are integral to effective co-operation.
- II. **Communication** that includes **creating time and space** formally and informally **to be honest** with partners **strengthens partnerships**.
- III. **Flexibility** recognising the value of collaboration and **incorporates different ways of working among partnerships**, alongside **overcoming challenges**. The ability to **change an approach** to cater for different partners can greatly strengthen partnership working. Flexibility also ensures that **services adapt to beneficiaries' needs** and maintain a person-centred approach.

#### 3.1 Foundational features of effective partnership working

Learning and evidence from HtC revealed four foundational features of partnership working:

- I. **Having the right mix of partners:** strengthening the partnership by having a complementary mix of expertise.
- II. **Agreeing a shared vision:** working towards a collective goal by agreeing on a set of values and intended outcomes.
- III. **Establishing effective governance:** having arrangements for decision-making, accountability and the behaviour of organisations involved in HtC.
- IV. **Setting up information sharing mechanisms and protocols:** agreeing beneficiary data will be shared and processed, and sharing wider knowledge relevant to other partners.

Establishing strong foundations can support with overcoming challenges of partnership working. The table below presents some challenges and solutions:

| Challenge  | Solutions facilitated by strong partnerships foundations  |
|--|---|
| <p><b>Different organisational agendas.</b> Partnerships often involved organisations that vary in size and culture. While bringing significant benefits, each partner organisation may have a different set of organisational priorities.</p>                                     | <p>Having a shared vision at the start of the partnership, and continuing to revisit this during the partnership, can help ensure priorities are aligned.</p> <p>Taking an appropriately flexible, open approach to delivery involves recognising the different organisational priorities and agreeing how these can be reflected in how beneficiaries are supported.</p> |
| <p><b>Lack of capacity to engage.</b> Organisations are often very busy with their day-to-day work and meeting the immediate needs of beneficiaries, making it difficult to find time to engage with partner organisations.</p>  | <p>By encouraging co-operation at the outset, partnerships can consider how best to share resources.</p> <p>Effective information sharing systems can help partnerships work efficiently.</p> <p>Having both formal and informal communication channels can help maintain co-operation while minimising burden.</p>   |
| <p><b>Different expectations and inputs</b> including different expectations of the project objectives and organisational roles. Contributions from different partners may appear unequal, and may require partners to challenge each other in the interests of beneficiaries.</p> | <p>At the outset, it can be helpful to work to resolve differences in partners' expectations. This is linked to making sure partnerships have the right partners involved and have a shared vision that can support manage emerging difficulties.</p> <p>Establishing communication channels early on can help to tackle difficulties with partners if they arise.</p>    |

### 3.2 Benefits of partnership working

The benefits of partnership working for HtC partnerships and beneficiaries are outlined in the following table:

| Benefit                               | Benefits for HtC partnerships   | Benefits for HtC beneficiaries  |
|---------------------------------------|---|---|
| <b>Knowledge and data sharing</b>     | Gain insights about beneficiaries' wider circumstances beyond their interactions with each organisation.<br><b>Example:</b> partners can share important information about an individual's crisis situation that may not otherwise be known. This can highlight trends in local causes of crisis, creating opportunities to work together to address underlying issues. | Partnerships are better able to tailor services to individuals by signposting them to services offered by partners, and personalise support through accessing shared beneficiary information. |
| <b>Integration and efficiency</b>     | Avoids unnecessary duplication and reduces costs overall, potentially benefiting each partnership organisation and ensures resources are directed at supporting those in need.  | Reduces gaps in local provision to ensure joined-up support and better meet the complex needs of those in crisis.   |
| <b>Effective use of resources</b>     | Brings together resources in a way that can be beneficial to partners.<br><b>Example:</b> sharing venues or co-locating staff together to maximise the number of support sessions available/feasible to run.  | Plays to each organisations' strengths which improves support to beneficiaries, who also benefit from partners' increased capacity.   |
| <b>Pooling capacity and expertise</b> | Shares organisational capacity and expertise, including specialist knowledge often held by smaller organisations  | Promotes innovative or highly targeted services that those going through crisis might not otherwise be able to access.  |
| <b>Overall benefit</b>                | <b>Results in more holistic 'wrap around' support to beneficiaries and helps ensure they receive tailored and accessible support.</b>   |   |

### 4. Involving beneficiaries

As noted previously, beneficiary involvement was a key priority for the HtC programme. Through involving beneficiaries, partnerships aimed to help people accessing crisis support services play an active role in shaping the services they used,

and to have wider influence locally and nationally. Revolving Doors were the LSE team lead for beneficiary work and supported grant holders to: enable beneficiaries to have more influence on service delivery; replicate or scale-up approaches to meet beneficiaries' needs; and enable a stronger collective beneficiary voice to influence local and national policy and practice.

At the beginning of the programme there was considerable variation in partnerships' understanding and experience of beneficiary involvement. Many organisations leading or involved with partnerships had previously delivered transactional services with little or no wider engagement with beneficiaries. HtC partnerships therefore began their beneficiary involvement work from very different starting points.

Learning and evidence about involving beneficiaries in HtC can be found in the following learning papers: [Learning paper: working with beneficiaries](#) (Feb 2020) and [Learning paper: Involving Beneficiaries: Learning from Help through Crisis](#) (Jun 2021). Reflections from HtC partnerships about involving beneficiaries can be found in the [HtC end of programme event summary](#) (Oct 2021). Reflections from the LSE team about involving beneficiaries output can be found in the following output, produced for The Fund towards the end of the LSE contract: [Beneficiary Involvement: Reflective output](#) (Jan 2022).

#### 4.1 The nature of beneficiary involvement in HtC

The term 'beneficiary involvement' covers the full range of engagement and involvement activities that HtC partnerships undertook with beneficiaries. This includes, but is not limited to, co-production and beneficiary voice activities. The wide range of partnerships funded by the HtC programme meant that HtC partnerships involved beneficiaries in many ways, including:

- gathering feedback from beneficiaries about services (e.g. via verbal feedback or via forms/questionnaires);
- establishing beneficiary user groups that provide more formal and/or regular feedback about services;
- amplifying beneficiary voice through providing opportunities for beneficiaries to share their lived experience to influence policy and practice;
- involving beneficiaries in project delivery through peer support groups and volunteering (co-delivering); and
- working with beneficiaries to shape and design services (co-design).

#### 4.2 Benefits for HtC partnerships of involving beneficiaries

Those HtC partnerships that made progress with beneficiary involvement identified the following benefits:

1. **Empowering beneficiaries.** Beneficiary involvement activities gave people using services opportunities to make their voices heard and have a say in the way they access and receive support services. This involvement improved beneficiaries' confidence and helped them to overcome the sense of powerlessness that people accessing crisis support often experience.



- II. **Improving services.** HtC partnerships have found it useful to have ongoing conversations with beneficiaries about the support they receive, including gathering more formal feedback about specific aspects of the support provided. The feedback has helped HtC partnerships adapt their services and increase beneficiary engagement with their support.
- III. **Supporting local influencing and campaigning.** Amplifying beneficiary voices in meetings and through local or national networks helped demonstrate the difference HtC partnerships were making. Ensuring beneficiaries were heard also supported campaigning for changes in the crisis support sector. Beneficiary-led user groups set up during the HtC programme have empowered people to influence local and national policies and shape the services that affect their daily lives.
- IV. **Supporting funding applications.** Partnerships described how different funders are increasingly asking for evidence of co-production or beneficiary involvement. Being able to demonstrate how they involve beneficiaries and the difference this made has supported HtC partnerships as they apply for further funding.

### 4.3 Factors that facilitate involving beneficiaries

Both HtC partnerships and the LSE team identified a range of factors that facilitated work to involve beneficiaries.

- I. The work of the LSE team, in terms of **support** from Revolving Doors and **programme-wide events addressing involving beneficiaries**, was described by many HtC partnerships as being valuable in progressing work to involve beneficiaries and developing solutions to the challenges faced.
- II. Those partnerships that made progress with involving beneficiaries during the lifetime of the HtC programme started with **recognition of the importance** of this work or developed a strong commitment to doing so during the programme remaining **persistent with beneficiary involvement**, trying **different approaches** and **being flexible and creative**.
- III. To ensure organisations are **involving beneficiaries in an equal and reciprocal partnership**, and avoid tokenism, it is necessary for an organisation to ensure they are firmly committed to co-production. This commitment should be championed by organisational leadership, alongside the necessary resources (time, money, dedicated staff capacity) to understand and deliver co-production in a meaningful and effective way.
- IV. Additional factors included buy-in from wider partners who sat outside the HtC partnership and **acknowledging that co-production can be difficult with people in crisis**.

### 4.4 Barriers to involving beneficiaries

While many HtC partnerships made substantial progress in involving beneficiaries, some found it difficult to progress from engaging beneficiaries ('doing for') to working with beneficiaries in an equal and reciprocal way ('doing with'). Partnerships described several barriers to their success with beneficiary involvement activities and, in some cases, outlined the steps they took to address these barriers:

- I. **Many partnerships said they could not keep up with demand for crisis support.** These partnerships said they had no capacity to engage with beneficiaries beyond the immediate crisis support they provided. Those partnerships who stated that they had only involved beneficiaries ‘a little’ in the way they delivered services stated that, to make more progress, they needed more funding and investment specifically in beneficiary involvement.
- II. **Securing buy-in from frontline and senior staff in their partnership, especially during the first two years of the programme.** This lack of buy-in was often due to limited previous experience of working formally with beneficiaries among some or all the organisations involved with the HtC partnership. Staff championing beneficiary involvement often secured buy-in by ensuring the benefits were effectively communicated to both senior management and frontline workers. For example, partnerships that had had success with beneficiary involvement highlighted the need for a mindset shift among frontline workers, so they understood the benefits of involvement activities for beneficiaries and changed their working practices.
- III. **Dedicating resource and budget to beneficiary involvement work.** Many partnerships overcame this challenge by taking a flexible approach to beneficiary involvement and starting with simple activities. For example, they gathered feedback in informal ways or held discussion sessions which had few resource requirements to demonstrate the value of involving beneficiaries.
- IV. **Beneficiaries’ perceived lack of interest in co-production and beneficiary involvement activities.** The complexity of people’s lives and difficulty engaging beneficiaries because of this was a common challenge cited by HtC partnerships throughout the programme. Those partnerships that overcame this challenge took creative, flexible and informal approaches. Many of the co-production innovations during the HtC programme emerged from informal get-togethers centred around food and socialising.

## **5. Trauma-informed approaches**

As outlined in the 2019 [Literature review: trauma-informed approaches](#), a broad definition of trauma is an event or circumstance that is experienced as harmful or life threatening, with lasting adverse impact upon a person’s physical, emotional and mental wellbeing that affects all aspects of a person’s life. A trauma-informed approach to service design and delivery entails embedding of trauma and its widespread impacts into all aspects of an organisation. A trauma-informed approach considers both beneficiaries of a service and providers of support services who:

- realise the widespread impact of trauma and understands potential paths for recovery;
- recognise the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- respond by fully integrating knowledge about trauma into policies, procedures, and practices; and
- seek to actively resist re-traumatisation ([SAMHSA 2014](#)).

As noted in the 2019 [Policy paper: trauma-informed approaches to improve frontline crisis support](#), evidence based on case study visits and other research with HtC

partnerships suggests that frontline crisis support organisations could benefit from using trauma-informed approaches to help them offer more appropriate support for people using their services. This could enhance staff wellbeing (see section 6) by equipping frontline staff with the approaches and skills they need to improve the support they provide, and by recognising the potential for vicarious trauma in their own work.

## **6. Supporting staff and ensuring their wellbeing**

The skills required by staff to deliver crisis support are outlined in the 2019 [Learning paper: emerging findings](#). Frontline crisis support staff work in highly pressured and demanding contexts, supporting people with complex needs in challenging circumstances. There is need to balance being genuinely caring and empathic with being assertive and build trust without creating dependency. Crisis support staff need to be able to pitch the tone of their conversations dependent upon who they are talking too, given that they have to be able to engage both beneficiaries and other professionals. To effectively manage their role, staff require support by managers and organisations to be resilient, create appropriate boundaries, and to develop so they can continue to support those affected by crisis. It is important that staff do not feel solely responsible for the people they support.

Frontline staff in HtC partnerships highlighted that they require being able to share responsibility appropriately to manage their own wellbeing. As noted in the 2019 [Policy commentary: promoting staff wellbeing to improve frontline crisis support](#), staff burnout is described as common in the crisis support sector. Improving how staff are supported will enhance their wellbeing and increase their ability to provide effective, ongoing crisis support to people they work with.

HtC partnerships provided support to frontline staff in the following ways:

- **Debriefing and sharing concerns** with line managers through a formal pastoral relationship.
- **Sharing experiences with team members** through internal team meetings, or **more structured group counselling sessions** or **clinical supervision**.
- **Formal handover processes** such as sharing a handover log which explains the context of the beneficiaries engaged each day and the actions taken, meaning staff can feel confident that another team member will pick up anything outstanding when they are not in the office.
- **Setting clear boundaries with beneficiaries** to manage expectations and provide a clear separation between work and non-work time.
- Staff might need **support and training** to build resilience, or **changes to recruitment approaches** to ensure teams have the right range of skills.

## 7. Impact of crisis support

[Local evaluation evidence](#) (June 2022) provided by some HtC partnerships has provided some indication of the impact of the crisis support they provided. The outcome areas include:

- meeting beneficiaries basic needs;
- improving physical health, mental health and wellbeing;
- improving finances and accommodation;
- building skills and helping people remain in employment;
- improved relationships with friends, families, and others in the local community;
- improving young people's confidence and self-esteem; and
- in relation to migrants and asylum seekers: securing removal of No Recourse to Public Funds (NRPF) conditions; securing legal aid/fee waivers for beneficiaries to progress their immigration cases; successfully resolving immigration status issues; helping beneficiaries obtain leave to remain; and helping children/young people register as British citizens.

There were also outcomes for the organisations who formed HtC partnerships relating to: enhancing internal processes, systems, and services; developing new partnerships; and building knowledge and skills.

## 8. Sustainability and legacy of HtC

The 2021 [Learning paper: Legacy and Sustainability of the Help through Crisis Programme](#) presents HtC partnerships' reflections on those elements of the HtC programme that will potentially form its legacy once the programme has ended. These elements are as: a **focus on person-centred support**; an **emphasis on beneficiary involvement and lived experience**; **partnership approach embedded into core delivery**; **commitment to learning, sharing and networking**; and a **flexible approach to monitoring and evaluation**.

As the HtC programme drew to a close in 2021, many had found, or were pursuing, alternative funding to enable them to continue at least some of the activities delivered as part of HtC. Partnerships were also considering how they could continue to deliver the holistic person-centred support provided through the HtC programme and sustain activities. Many HtC partnerships were using the relationships and networks developed through the HtC programme to find ways to sustain crisis support (for example, partnering to seek further funding). Some HtC partnerships embedded volunteers and peer support activities in the core delivery of their project. This provided a way to continue support activities with less funding.

## **9. Further information about HtC and link to outputs**

All the papers produced by the LSE team can be found at:  
<https://www.tnlcommunityfund.org.uk/insights/documents?q=&programme=help-through-crisis&portfolio=&doctype=>

The Knowledge and Learning Team have also produced a HtC programme page that can be found at:  
<https://tnlcommunityfund.sharepoint.com/sites/Knowledgebank/SitePages/Help-through-cris.aspx>